

And there is reason enough why basic science laws are regarded so highly in those states that have enacted them. The results of the basic science examinations indicate clearly indeed that poorly equipped persons are experiencing great difficulty in obtaining licenses in such states. A group of better practitioners follows as an inevitable sequence to the enforcement of a basic science requirement. . . .

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The enactment of a basic science law not only will reduce materially the number of incompetents who annually receive licenses to practice the healing art, but will discourage attempts by other groups to gain a foothold in the State—groups not recognized by law at the time of the enactment of the basic science act. . . .

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Some of the states have found that convictions are easier to obtain under the basic science Act than under the provisions of the medical practice act. . . .

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To establish the most effective barrier against incompetent healers, let me repeat, the basic science act should be nondiscriminatory and nonsectarian. It should not be loaded with provisions that will tend unnecessarily to intensify the opposition to enactment and to invite future difficulties without producing any material present benefits. . . .

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 47.

EDITORIAL COMMENT†

TESTS TO DETERMINE THE CURABILITY OF GONORRHEAL URETHRITIS

In this day and age it is astounding to know that many physicians still think the urethra is lined with asbestos, and not with a delicate mucous membrane which is wilfully subjected to more trauma than any other accessible mucous membrane of the body.

It has been a custom for many decades, and still is today, that, to discharge a patient as cured of his gonococcal infection, the urethra should be subjected to the most gruesome tests. As a result of these tests, which will be enumerated, a cured case of gonorrhea is not only prolonged, but subject to complications, namely: stricture, chemical and instrumental urethritis, vesiculitis, prostatitis, epididymitis and cystitis.

We spend two to three months building up a tissue resistance against the invading gonococcus, only to find that one or two injections of silver nitrate, a vigorous massage, or a forced introduction of a sound has prevented us from obtaining

a cure. The injection of a strong silver nitrate solution as a test to determine the permanency of a gonorrheal cure should be condemned. The suffering and torture produced by this chemical is well known to the patient, and the possible complications enumerated above should be borne in mind by the physician. Silver nitrate solution should be used only in the treatment of gonorrhea, and not as a test to determine a gonorrheal cure.

If one wishes to use a sound in the terminal stage of gonorrhea, he should choose the correct caliber and be gentle in its passage. The sound should be guided and not forced into the urethra. Suffice it to say that Keyes' warning, "Oh, so gentle!" in passing a sound, is of paramount importance.

Vigorous massage of the prostate may not only make the patient "jump like a frog" or "see black before his eyes," but may result in an acute prostatitis, vesiculitis, and epididymitis. By applying firm, gentle pressure on the prostate, the secretion obtained can be examined for gonococci.

Since repeal of the Prohibition Act, the beer test is again coming into vogue. The patient may detest beer, but nevertheless he is told by the physician to "guzzle" down several glasses upon retiring and to repeat it for three days. He is then asked to report in the morning for any possible discharge. He may not only become a confirmed beer drinker, but his entire genito-urinary tract and gastro-intestinal tract is subjected to unnecessary abuse. In reality, barring complications, the urethra is the site to be tested for the infection.

In conjunction with the above tests, one may resort to the complement fixation test, and to the examination of a centrifuged specimen of urine, which the patient has voided in the morning.

If we could only realize the number of patients who come to our offices with unnecessary urethral discharges and complications, as a result of these local abusive methods of determining the curability of gonorrhea, the economic, social, and domestic aspects of the situation would be materially benefited.

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RELATIONSHIP OF TURBINAL ENLARGEMENT TO SEPTAL IRREGULARITIES

During the past ten years it has been the occasional experience of the writer to have patients return after septum resections had been performed, either by him or by others, with the apparently illogical complaint of impaired breathing on the hitherto good side of the nose. To illustrate: If the septum operation had been done to correct a nasal obstruction on the patient's left, after a certain lapse of time, the patient would return stating that although his left side was perfectly clear, his right side, which prior to the operation had been open, was now impaired.

Analysis of the factors involved would seem to indicate these symptoms not to be so unreason-

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

able. Attention has long been directed to the association of enlarged turbinates with the concavity of deviated septums, but sufficient emphasis has not been made upon the correction of this enlargement at the time the resection is done.

With a septum deviated to the left, the breathing space is narrowed on the left and, conversely, is widened on the right. The right inferior turbinate will therefore enlarge, since it seems to be a corollary for the turbinate to enlarge in a compensatory manner and thus narrow down an excessively wide space within the nasal chamber in order to contact a maximum of air that may pass through it.

If the condition has been of short duration, this turbinal enlargement can be classified as an engorgement and, after the septum resection has been performed, will eventually spontaneously shrink down more or less to somewhere within its former size. However, if the enlargement has been long standing, there evolves a tendency toward chronicity and this condition can be classified as hypertrophy or hyperplasia.

Recapitulating the points brought out so far: If the septum is deviated to the left, causing an unusually large breathing space on the right, the right inferior turbinate will enlarge in a compensatory manner to fill the concavity on its side caused by the deviation. However, after the operation this concavity is destroyed, since the septal mucosa now hangs down as a straight partition. Inasmuch as the turbinate is hypertrophied, there is no spontaneous return to former size, and the hitherto good side of the nose is now the one of which the patient complains.

It would appear that differentiation between engorgement and hyperplasia, prior to the septum operation, would clarify the situation and point toward the proper method of procedure. The standard technique is well known—that of applying a weak solution of cocaine to the turbinate under consideration. Shrinkage of the tissue within five minutes would designate the enlargement as a temporary engorgement. However, if the turbinate shows no, or only only a small, change in size within that period of time, we know we are dealing with a true hyperplasia, and attention toward this condition is indicated before the patient is discharged.

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HISTAMIN AND EPINEPHRIN TESTS

EPINEPHRIN:

The minute vessels which color the skin contract in the presence of adrenalin, producing an area of pallor. If the venous return from a limb be obstructed by a sphygmomanometer cuff, the pressure in the veins and, therefore, in the venous end of the vessels which color the skin, will build up to the pressure in the cuff. In this way it is possible to measure the contractile power of the minute vessels. In general, this is of the same order as the resting-blood pressure, but is found

to be lower in areas that have recently been exposed to injury, irritants, or burning by heat or light and in those areas such as the face which habitually suffer the minor insults consequent upon the exposure.

HISTAMIN:

Eppinger, and later Lewis, described the triple response of the skin vessels to the intradermal exhibition of histamin. The full development of this response takes from three to eight minutes.

1. *Local Reddening*.—The whole area with which the histamin comes in contact by diffusion presents a reddening due to a relaxation of the minute vessels of the skin. This reaction is commonly masked by 3.

2. *Red Flare*.—This is a widespread (1 to 2 centimeters) area of bright reddening produced by arterial dilatation as the result of an axon reflex excited by the histamin. This flare is unaffected by nerve section until enough days have passed for nerve degeneration to take place.

3. *Wheal*.—A strictly localized wheal is present, associated with a change in the rate at which tissue fluid is exuded from the blood stream.

(4. *Itching*.—As the wheal starts to form, an itching sensation is felt.)

The same factors which lower the contractile power of the coloring vessels in the epinephrin test appear to inhibit the triple response to histamin; but whereas the adrenalin response is dependent solely upon the condition of the minute vessels, the histamin responses—at least the flare and the wheal—are dependent upon the blood supply, the integrity of the local nervous vasodilator system and the relaxing power of the local arterioles.

These reactions have been used to aid the prognosis of diabetic circulatory insufficiencies, in the selection of amputation sites (McNealy and Shapiro) and in the differentiation between occlusive and spastic types of arterial disease (Kramer).

A 3-milligram tablet of histamin is dissolved in one cubic centimeter of water. A drop of this solution is applied to the skin and a single prick is made through this drop just deep enough to avoid drawing blood. After one and one-half minutes the drop of solution is gently removed by absorbing with filter paper. If several pricks are made to insure against the chance of failure, they should be through separate drops at least 3 centimeters distant from each other, in order that variations in the size of the wheal and flare may be appreciated. Some authorities recommend the intradermal injection of histamin as being more certain, but this technique makes it very difficult to examine the wheal.

The epinephrin punctures are similarly performed with 1/1000 adrenalin solution, and the cuff pressure necessary to cause the white reaction to disappear is noted.

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